

INCOME DOCUMENTATION CHECKLIST

If any of these items listed below are applicable, check here and bring in documentation of the amounts involved. Note that this information must be FROM ALL OCCUPANTS who have income of any form, whether earned or unearned.

- IRS form 1040 or 1040A with all supplemental Schedules and W-2 forms
- Pay Stubs with Year-to-Date Wages for all occupants
- Military pay
- Social Security Benefits (letter Stating Gross pay for 12 month period)
- Interest and dividend income for 12 month period
- Last two statements checking, savings, money market funds, Certificates of Deposit
- Unemployment, disability, workmen's comp., and severance pay
- Pensions, annuities, and other periodic payments
- Supplemental Security income
- AFDC, support for foster children, etc.
- Fuel assistance
- Alimony and child support
- Trade Union Benefits
- Regular contribution from persons not residing in the house
- Recent tax bill
- Statement from bank showing mortgage balance
- Value of stocks and bonds or the number of shares held
- Cash value of life insurance policies
- Veteran benefits
- Household Liability Insurance
- Copy of Deed
- Utility bills (water, electric, heating)
- COPY OF DRIVERS LICENSE OR ANOTHER IDENTIFYING PHOTO I.D.

Framingham Housing Rehabilitation

PROGRAM APPLICATION

Framingham Planning Department- Housing Rehab Office
150 Concord Street, Memorial Building, Room B3
Framingham, MA 01702
(508) 620-4852

***Please note do not being repairs. No assistance will be given for any repairs begun before the signing of the agreement.**

Instructions: Please provide the following information for the property in which rehabilitation assistance is requested.

Property Location: _____

Owner's Name: _____

Owner's mailing address: _____

Owner's Phone Number: _____

IF SINGLE FAMILY PLEASE COMPLETE THIS SECTION:

	Occupant (s) Name(s)	Employed? Y or N
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

IF MULTI-FAMILY PLEASE COMPLETE THIS SECTION:

Total # of Units: _____ # of VACANT UNITS: _____

Unit #	# bedrms	Occupant's Name (Head of Household)	# of Occupants	Rent Amt.	Utilities Included?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If applicable, provide information for all apartments.

- A. Apartment Number
- B. No. of Bedrooms, existing
- C. No. of Bedrooms, after rehab

1	2	3	4

FINANCIAL INFORMATION

Date of Property Purchase _____
Original Purchase Price \$ _____
Original Mortgage \$ _____
Outstanding Indebtedness \$ _____
Name of Mortgagee _____
Name of Insurance Agency _____
Fire Insurance Coverage _____

List all Expenses for Property:

1. Debt Service 1st Mortgage, Principal, & Interest
\$ _____ X 12 = \$ _____
2. Debt Service 2nd Mortgage, Principal, & Interest
\$ _____ X 12 = \$ _____
3. Real Estate Taxes for Year \$ _____
4. Insurance Premium for Year \$ _____

If Multi-Family complete this section, (monthly)

5. Utilities Supplied \$ _____
6. Management & Routine Maintains \$ _____
7. Water/Sewer Charges \$ _____
8. Gas Rentals \$ _____
9. Other (explain) \$ _____

List any other income derived from this property

Garage, etc. _____ \$ _____

REHABILITATION DATA

Please circle item needing repairs;

Exterior Work

Steps, Stairs

Porches

Doors

Windows

Roof

Gutters, Drains

Walls

Foundations

Chimneys

Siding

Interior Work

Kitchen

Bathroom

Walls

Ceilings

Floors

Basement

Stairs

Miscellaneous

Electrical

Heating

Plumbing

Hot Water

Masonry

Describe briefly what type of Rehabilitation work you feel is necessary.

List Previous Home Improvements

Have you ever participated in a program funded in part or in whole by the Federal, State, or Local Government? _____ Yes _____ No

If so, state program _____

SIGNATURE

1. Certification:

The application certifies that all the information in this application and all information furnished in support of this application is giving for the purpose of obtaining rehabilitation assistance under the HUD sponsored rehabilitation programs, and is true and complete to the best of the applicant's knowledge and belief.

The applicant agrees not to discriminate upon the basis of race, age, sex, handicap, creed or national origin in the sale, lease, rental, use, or occupancy of the real property rehabilitated with the assistance of the HUD sponsored rehabilitation programs.

2. Authorization:

The applicant authorizes the Housing Rehabilitation Office to verify your employment, credit bureau from which it received a credit report on you. You agree to let this office answer questions from credit reporting agencies and others about its experience with your account.

Signature

Signature

Social Security No.

Social Security No.

Date Completed

Date Completed